

WATER LEAK ADJUSTMENT FORM

Cycle_____ Book #_____

DATE TURNED IN: _____

NAME: _____

ADDRESS: _____

ACCOUNT NUMBER: _____

CUSTOMER NUMBER: _____

TELEPHONE NUMBER: _____

DATE LEAK WAS REPAIRED: _____

PLEASE ATTACH DOCUMENTS OF REPAIRS MADE OR WRITE A BRIEF DESCRIPTION OF REPAIRS MADE:

SOME ACCOUNTS MAY TAKE LONGER THAN OTHERS BEFORE REVIEWED. ONCE ADJUSTMENT IS COMPLETED OR DENIED, REP. WILL ATTEMPT TO CONTACT CUSTOMER. CUSTOMER WILL BE RESPONSIBLE FOR ALL PAST DUE BALANCES TO BE PAID WITHIN THREE BUSINESS DAYS OF ADJUSTMENT OR DENIAL.

SIGNATURE:_____ DATE:_____

*****FOR OFFICE USE ONLY*****

RECEIVED BY: _____